

## **Air University Transcript Request**

For AU courses only; not for CCAF or AFIT

**Privacy Act Statement:** Authority: 10 U.S.C. 8013, Secretary of the Air Force; Powers and Duties.  
**Purpose:** Identify individuals seeking transcript for courses completed. Routine Uses: Can be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3). Disclosure: Voluntary, however, failure to provide requested information may result in not receiving requested transcript.

*Complete this form and mail to: Air University Registrar (AU/CFR)  
60 Shumacher Ave  
Maxwell AFB, AL 36112-6337*

*Or Fax to DSN 493-8127 or commercial 334-953-8127*

*Or e-mail to AU/CFRR at [student.services@maxwell.af.mil](mailto:student.services@maxwell.af.mil)*

### **Student Name**

(Include previous names, also): \_\_\_\_\_

**Student Full SSN:** \_\_\_\_\_

**Phone Numbers:** Work \_\_\_\_\_ Home \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Course/School Completed:** \_\_\_\_\_

**Method of Completion** (*Circle One*): Resident    Nonresident

**Date of Completion:** Month \_\_\_\_\_ Year \_\_\_\_\_

### **Address to which transcript should be mailed:**

Institution Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### **Second Address for additional transcript, if applicable:**

Name: \_\_\_\_\_

\_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Pay Roll Signature:** \_\_\_\_\_

*\*\*Must have student signature on this form in order to release this information\*\**

**Date:** \_\_\_\_\_